## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

02-CLP-401

| CLAIMS AS FILED - PART I<br>(Column 1)                                                                                                                                                                                                                                                                                       |                                                                                       |                                           |                         |                                | (Column 2)   |                  | SMALL ENTITY TYPE   |                        | OR      | OTHER THAN<br>OR SMALL ENTITY |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|-------------------------|--------------------------------|--------------|------------------|---------------------|------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                           | 8                       |                                |              |                  | RATE                | FEE                    |         | RATE                          | FEE                    |
| FO                                                                                                                                                                                                                                                                                                                           | R                                                                                     |                                           | NUMBER FILED            |                                | NUMBER EXTRA |                  | BASIC FEE           | 375.00                 | OR      | BASIC FEE                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                      |                                                                                       |                                           | 9 ⊂ minus 20=           |                                | *            | 0                | X\$ 9=              |                        | OR      | X\$18=                        | 0                      |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                           |                                                                                       |                                           | <i>j</i> minus 3 =      |                                | *            | ٥                | X42=                |                        | OR      | X84=                          | 0                      |
| MU                                                                                                                                                                                                                                                                                                                           | LTIPLE DEPEN                                                                          | IDENT CLAIM PI                            | RESENT                  |                                |              |                  | +140=               |                        | OR      | +280=                         | д                      |
| * If                                                                                                                                                                                                                                                                                                                         | the difference                                                                        | in column 1 is                            | less than z             | ero, enter                     | "0" in o     | column 2         | TOTAL               |                        | OR      | TOTAL                         | 750                    |
|                                                                                                                                                                                                                                                                                                                              | C                                                                                     | LAIMS AS A<br>(Column 1)                  | MENDED - PART<br>(Colum |                                |              | (Column 3)       | nn 3) SMALL ENTIT   |                        | OR      | OTHER THAN SMALL ENTITY       |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                  |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                              | Total                                                                                 | *                                         | Minus                   | **                             |              | =                | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                              | Independent                                                                           | *                                         | Minus                   | ***                            | CLAIM        | =                | X42=                |                        | OR      | X84=                          |                        |
|                                                                                                                                                                                                                                                                                                                              | FIRST PRESE                                                                           | NTATION OF MI                             | ULTIPLE DE              | PENDENI                        | CLAIM        |                  | +140=               |                        | OR      | +280=                         |                        |
|                                                                                                                                                                                                                                                                                                                              | (Column 1) (Column 2) (Column 3                                                       |                                           |                         |                                |              |                  | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
|                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                           |                         |                                |              |                  |                     |                        |         |                               |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                  |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                              | Total                                                                                 | *                                         | Minus                   | **                             |              | =                | X\$ 9=              |                        | OR      | X\$18≈                        |                        |
|                                                                                                                                                                                                                                                                                                                              | Independent                                                                           | *<br>NTATION OF MU                        | Minus                   | ***                            | CLAIM        | = []             | X42=                |                        | OR      | X84=                          |                        |
| <b>L</b>                                                                                                                                                                                                                                                                                                                     | THOTTHEOL                                                                             | ATTAIN OF MICE                            |                         | LINDLINI                       | CLATIVI      |                  | +140=               |                        | OR      | +280≈                         |                        |
|                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                           |                         |                                |              |                  | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
|                                                                                                                                                                                                                                                                                                                              |                                                                                       | (Column 1)                                | 100                     | (Colur                         | nn 2)        | (Column 3)       |                     |                        |         |                               |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                  |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                              | Total                                                                                 | *                                         | Minus                   | **                             |              | =                | X\$ 9=              |                        | OR      | X\$18=                        |                        |
| AME                                                                                                                                                                                                                                                                                                                          | Independent                                                                           | *                                         | Minus                   | ***                            |              | =                | X42=                |                        |         | X84≈                          |                        |
| L                                                                                                                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDE                                                |                                           |                         |                                | CLAIM        |                  |                     |                        | OR      | 7.01-                         |                        |
| *                                                                                                                                                                                                                                                                                                                            | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                         |                                |              |                  |                     |                        | OR      | +280=                         |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE |                                                                                       |                                           |                         |                                |              |                  |                     |                        |         |                               |                        |
|                                                                                                                                                                                                                                                                                                                              | The "Highest Nun                                                                      | nber Previously Pa                        | id For" (Total o        | r Independe                    | ent) is the  | e highest number | found in the ap     | propriate bo           | x in co | lumn 1.                       |                        |